

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09/649,259</i>	FILING DATE <i>8/28/00</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
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49						
50						
TOTAL IND.	<i>2</i>					
TOTAL DEP.	<i>42</i>	↓	↓	↓	↓	↓
TOTAL CLAIMS	<i>44</i>					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			